

**Physician psychiatric procedures covered for children and adolescents enrolled in the Screening, Assessment, and Support Services program who are not also enrolled in the Medicaid/KidCare programs, effective 07/01/2005**

Place of service		Procedure code (CPT-4)	Description	Rate
Hospital Inpatient	Outpatient			
yes <sup>1</sup>	yes <sup>1</sup>	90801	Psychiatric diagnostic interview examination.	\$67.50
yes <sup>1</sup>	yes <sup>2</sup>	90817	Individual psychotherapy, insight oriented behavior modifying and/or supportive, in an <u>inpatient</u> hospital, partial hospital or residential care setting, approximately 20 - 30 minutes face-to-face with the patient with medical evaluation and management services.	\$31.65
yes <sup>1</sup>	yes <sup>2</sup>	90819	Individual psychotherapy, insight oriented behavior modifying and/or supportive, in an <u>inpatient</u> hospital, partial hospital or residential care setting, approximately 45 - 50 minutes face-to-face with the patient with medical evaluation and management services.	\$47.50
yes <sup>1</sup>	yes <sup>2</sup>	90822	Individual psychotherapy, insight oriented behavior modifying and/or supportive, in an <u>inpatient</u> hospital, partial hospital or residential care setting, approximately 75 - 80 minutes face-to-face with the patient with medical evaluation and management services.	\$68.30
yes <sup>1</sup>	yes <sup>2</sup>	90824	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an <u>inpatient</u> hospital, partial hospital or residential care setting, approximately 20 - 30 minutes face to face with the patient with medical evaluation and management services.	\$35.95
yes <sup>1</sup>	yes <sup>2</sup>	90827	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an <u>inpatient</u> hospital, partial hospital or residential care setting, approximately 45 - 50 minutes face to face with the patient with medical evaluation and management services.	\$48.65
yes <sup>1</sup>	yes <sup>2</sup>	90829	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an <u>inpatient</u> hospital, partial hospital or residential care setting, approximately 75 - 80 minutes face to face with the patient with medical evaluation and management services.	\$66.90
yes <sup>1</sup>	yes <sup>1</sup>	90870	Electroconvulsive therapy (includes necessary monitoring): single seizures per day.	\$44.40
yes <sup>1</sup>	yes <sup>1</sup>	90871	Electroconvulsive therapy (includes necessary monitoring): multiple seizures per day.	[hand priced]

<sup>1</sup> These procedures are covered currently as physician services available to individuals enrolled in the Medicaid/KidCare programs. This change extends coverage to children and adolescents enrolled in the SASS program who are not enrolled in Medicaid/KidCare. These procedures must be billed directly to HFS in accordance with 89 *Ill. Admin. Code* 140 and the HFS *Handbook for Providers of Medical Services*, chapter A-200, *Handbook for Physicians*.

<sup>2</sup> While not covered as a physician service, a physician, working with and through a community mental health center, may provide this service and the community mental health center may be reimbursed in accordance with 59 *Ill. Admin. Code* 132 and the HFS *Handbook for Providers of Medical Services*, chapter CMH-200, *Handbook for Providers of Screening, Assessment, and Support Services*.

**Fiscal year 2006 service comparison for SASS enrollees**

Services to SASS enrollees	Service coverage by responsible agency			Notes with respect to DHS coverage	
	DCFS	HFS	DHS	Explanation	DHS Plan
Covered populations	Any individual in the DCFS foster care program	Individuals up to 21 years of age, not covered by DCFS, enrolled in one of the programs administered by HFS	Individuals up to 18 years of age, not covered by DCFS, HFS, or other insurance	DHS age limitations are in compliance with Illinois law (59 Ill. Admin. Code 131) Adolescents 18, 19, and 20 years of age are served in the DHS-funded adult mental health system	Age expansion for DHS is under consideration but would require reallocation of adult mental health funding
CARES pre-screen, program enrollment	Covered under SASS (funded proportionally by the agencies)			No difference	Continue
SASS pre-hospitalization screen	Covered under SASS Funded by DCFS      Funded by HFS      Funded by DHS			No difference	Continue
Community mental health services	Covered under SASS			No difference	Continue
Initial 90 days	Funded by DCFS	Funded by HFS	Funded by DHS		
Beyond 90 days		Funded by DHS			
Inpatient psychiatric hospitalization	Covered under SASS Covered under the Medicaid State plan Funded by HFS			Medicaid "add-on" payments to hospitals are not paid for DHS-funded hospitalizations (59 Ill. Admin. Code 131)	Continue
Hospital emergency department services	Covered under the Medicaid State plan Funded by HFS		Not funded	The goal is for CARES, and SASS, to be called prior to the child being transported to an emergency room. Emergency rooms, like schools, homes--wherever the child is--are not funded. Hospital outpatient services would be a new liability for DHS	Continue
Hospital clinic services	Covered under the Medicaid State plan as an outpatient hospital service ("psychiatric clinic type A") Funded by HFS		Not funded The DHS funded enrollees may utilize similar community mental health services	Hospital outpatient services would be a new liability for DHS	Continue
Partial hospitalization	Covered under the Medicaid State plan as an outpatient hospital service ("psychiatric clinic type B") Funded by HFS		Not funded The DHS funded enrollees may utilize SASS Day Treatment services where available.	Partial hospitalization services were previously funded through contracts with hospitals in FY 04 on a selective basis Hospital outpatient services would be a new liability for DHS	DHS and HFS are exploring options to include partial hospitalization services

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<b>Services to SASS enrollees</b>	<b>Service coverage by responsible agency</b>			<b>Notes with respect to DHS coverage</b>	
	<b>DCFS</b>	<b>HFS</b>	<b>DHS</b>	<b>Explanation</b>	<b>DHS Plan</b>
Psychiatric physician services during hospitalization	<b>Covered under SASS</b>			<b>Added SFY06</b>	Continue
	Covered under the Medicaid State plan Funded by HFS		Funded by DHS		
Psychiatric physician services provided as a community mental health service	<b>Covered under SASS</b>			No difference	Continue
	Funded by DCFS	Funded by HFS	Funded by DHS		
Psychiatric evaluation provided outside a hospitalization	<b>Covered under SASS</b>			<b>Added SFY06</b>	Continue
	Covered under the Medicaid State plan Funded by HFS		Funded by DHS		
Psychiatric pharmacy (medications)	<b>Covered under SASS</b>			No difference	Continue
	Covered under the Medicaid State plan Funded by HFS		Funded by DHS		
Transportation to and from a SASS-covered service	<b>Covered under SASS</b>			No difference	Continue
	Covered under the Medicaid State plan Funded by HFS		Funded by DHS		
Other medical and medically-related services*	Covered under the Medicaid State plan Funded by HFS		Not funded	DHS does not cover these non-mental health services	Continue

\*A great many of the DHS-funded enrollees would likely be eligible for Medicaid, even if only on a presumptive basis, in which case they would be eligible for Medicaid State plan services. SASS providers are obligated contractually to assist these individuals and families in applying for Medicaid. Hospitals have a financial incentive to do so. Failure to provide such assistance is a disservice to the affected individuals and families.